Schedule E)	PAGE 1 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends re	report filed on
Full Name of Payee Brogan A Benoit	Date of Public Distribution/Dissemination
	08 12 2014
Mailing Address 7144 South River Rd	Amount
City State Zip Code	30.00
Addis LA 70710	Transaction ID: 177d090c-e82b-47d1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	001 08 12 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 179908.37	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Brogan A Benoit	08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7144 South River Rd	Amount
City State Zip Code	4.80
Addis LA 70710	Transaction ID: 6f9d9910-6638-488d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	02 08 / 12 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 179908.37	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 10 13 2014
Signature	

Schedule E)	PAGE 2 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Brogan A Benoit	08 / 16 / 2014
Mailing Address 7144 South River Rd	Amount
City State	Zip Code 50.00
Addis LA	70710 Transaction ID : b6c5498a-5d1f-4faf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Brogan A Benoit	08
Mailing Address 7144 South River Rd	Amount
City State	Zip Code 8.40
Addis LA	70710 Transaction ID : b2502315-0498-4b54-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ 002 M 08 / 16 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	58.40
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [E	[lectronically Filed] Date 10 13 2014
- J (2000) -	

Schedule E)	LIVI EXI EIVE	TIONES		AGE 3 OF 80 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public Di	istribution/Dissemination
Brogan A Benoit			M M / 08	17 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		40.00
Addis	LA	70710		21ebbf69-56bc-4801-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Brogan A Benoit			M M / 08	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		3.30
Addis	LA	70710		c1d4830c-639a-4c0a-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			43.30
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 13	2014
V				

Schedule E)	LIVI EXI END	HONES		PAGE 4 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Brogan A Benoit			M M /	23 / 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		60.00
Addis	LA	70710		D : 14895b51-d613-4b09-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	179908.37	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Brogan A Benoit			M M M /	23 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		9.60
Addis	LA	70710		0 : c673c364-be5e-475f-a presement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			69.60
(4)			7	-
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 13	2014
-				

Schedule E)	EXI EIID	1101120		PAGE 5 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000.00
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Nicholas O Wilcox			Date o	f Public Distribution/Dissemination
				08 11 2014
Mailing Address 1981 Cherokee St			Amour	nt
City	State	Zip Code		35.00
Baton Rouge	LA	70806		action ID : 0b59211e-dd49-4373-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	179908.37	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Nicholas O Wilcox			M	08 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1981 Cherokee St			Amoun	
			Amoui	
City	State	Zip Code		20.80
Baton Rouge	LA	70806	Transa Date of	ction ID: 3d6c08cc-3e70-4010-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	179908.37	Disbursement 2014 O	t For: Primary X General
•				
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	55.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			72 1 72 1 72 1
(c) TOTAL Independent Expenditures				
(c) TOTAL Independent Expenditures			•	- Agh
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	10	13 2014
Signature		_		

Schedule E)	ENT EXILID	TIONES	PAGE 6 OF FOR SE OF FORM 2	80 4/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemin	ation
Mailing Address 1981 Cherokee St			08 13 201 Amount	4
			Attribution	
City	State	Zip Code		20.00
Baton Rouge	LA	70806	Transaction ID: f20c4e88-9b35-41c Date of Disbursement or Obligation	e8-a
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y 201	4
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary X 0 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Nicholas O Wilcox			08 15 201	4
Mailing Address 1981 Cherokee St			Amount	
City	State	Zip Code	30	0.50
Baton Rouge	LA	70806	Transaction ID : 9f8b92d0-c5bc-4e5 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / DD / Y Y Y 201	4
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Mary L Landrieu		Oppose	President Senate State: -	LA
Calendar Year-To-Date Per Election for Office Sought	.,,	179908.37	Disbursement For: Primary X 0 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		50.5	50
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signaturo				

Schedule E)	DEITI EXI EITD	HOHLO		PAGE 7 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Nicholas O Wilcox			08	21 / 2014
Mailing Address 1981 Cherokee St			Amount	
City	State	Zip Code		90.00
Baton Rouge	LA	70806		9: 73b6a03a-b10f-4b13-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Nicholas O Wilcox			08	22 / 2014
Mailing Address 1981 Cherokee St			Amount	
City	State	Zip Code		15.00
Baton Rouge	LA	70806		: 980ad5ee-3937-4b61-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			105.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 13	2014
-				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	S
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Nicholas O Wilcox	Date of Public Distribution/Dissemination
	08 25 2014
Mailing Address 1981 Cherokee St	Amount
City State Zip Code	61.80
Baton Rouge LA 70806	Transaction ID: 157d0200-40ef-43a5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee Nicholas O Wilcox	Date of Public Distribution/Dissemination
Nicholas O Wilcox	08
Mailing Address 1981 Cherokee St	Amount
City State Zip Code	65.00
Baton Rouge LA 70806	Transaction ID: 10f62824-5f06-4197-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	126.80
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	0 13 2014
Signature	

Schedule E)	JENT EXILITE	TIONES	PAGE 9 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Darius Beverly			08 / 16 / 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	75.00
Avondale	LA	70094	Transaction ID: 38a46c87-ddb1-4ec5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Michael Chinchar			09 18 2014
Mailing Address 2730 Dave Ward Dr			Amount
City	State	Zip Code	40.00
Conway	AR	72034	Transaction ID : 7b0f3589-5148-4ec0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		160884.72	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		115.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	JIII O. 111221 21121	-14: -/.: -:	1101120		PAGE 10 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
					0 000000
Check if 24-hour re	eport X 48-hour report	X New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Michael Chin					of Public Distribution/Dissemination
Mailing Address 27				M	09 18 2014
Maining Addition 21	30 Dave Ward Dr			Amou	nt
City		State	Zip Code		7.50
Conway		AR	72034		action ID: 8588aca3-f285-411e-9 f Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002		09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	andidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Year- Per Election fo			160884.72	Disbursemen 2014 O	t For: Primary
Full Name of Payee				Date	of Public Distribution/Dissemination
Tylan S Greer	1			IV	10 11 2014
Mailing Address	2320 Saint Nick Dr			Amou	لىنىا لىا ك
				Amou	nt
City		State	Zip Code		80.00
New Orleans		LA	70131		ction ID : 3fcc3a59-7ce1-48d1-8 of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001	N.	10 / 11 / 2014
Name of Federal Ca			Support	Office Sough	t: House District: 00
Ms. Mary L Landrie	<u> </u>		X Oppose	Preside	ent Senate State: LA
Calendar Year- Per Election fo	To-Date r Office Sought		179908.37	Disbursemen 2014 O	t For: Primary
				-	
(a) SUBTOTAL of Ite	emized Independent Expend	itures		·· •	87.50
(b) SUBTOTAL of U	nitemized Independent Expe	nditures			
(c) TOTAL Independ	ent Expenditures				
with, or at the reques		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emil	ly Buchanan	[Electron	nically Filed] Date	M M /	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	I EXI EILD			PAGE 11 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000700
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Tylan S Green				10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amoun	t
C:h.	Stata	7:n Codo		16.90
City New Orleans	State LA	Zip Code 70131	Transa	16.80 ction ID : 30160156-933c-4f14-a
Purpose of Expenditure			Date of	Disbursement or Obligation
Mileage		Category/ Type 002		10 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	179908.37	Disbursement 2014	
, ,	7			ner (specify)
Full Name of Payee Tammay Williams				f Public Distribution/Dissemination
Mailing Address				10 11 2014
Mailing Address 924 N. Prieur St			Amoun	t
City	State	Zip Code		80.00
New Orleans	LA	70116	Transac	tion ID : eda30b25-43ed-438d-9 f Disbursement or Obligation
Purpose of Expenditure		Category/ 001	M	M / D D / Y Y Y
Salary		Type 001		10 11 2014
Name of Federal Candidate		Support	Office Sought:	
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	179908.37	Disbursement 2014 Otl	For: Primary General mer (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	96.80
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	13 2014
Signature		_		

Schedule E)	DEITT EXTEND		PAGE 12 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			10 11 2014 Amount
City	State	Zip Code	12.00
New Orleans	LA	70116	Transaction ID: 2238a211-e421-4d81-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	1		Date of Public Distribution/Dissemination
Antoinette Franklin			10 11 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	60.00
New Orleans	LA	70188	Transaction ID : 55d40b1f-1823-4dc2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		72.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 13 / 2014

Schedule E)		1101120		PAGE 13 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 333337.03
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Antoinette Franklin			Date o	f Public Distribution/Dissemination
				10 11 2014
Mailing Address 8822 Apple St			Amour	nt
City	State	Zip Code		12.00
New Orleans	LA	70188		action ID: e9e6446d-3aa9-47f3-8 If Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Eric J Smith				10 11 2014
Mailing Address 4967 Dysartville				
			Amour	nt
City	State	Zip Code		80.00
Morganton	NC	28655	Transac Date o	ction ID: 20cce4b3-c5cb-4374-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement 2014 Ot	t For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	itures		· •	92.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		.	72 1 2 72 1
A TOTAL I I was don't Far and thousand				
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ididate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	13 2014
Signature		_		

Schedule E)		TIONEO	_	AGE 14 OF 80 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Jennifer E Smith			10	11 / 2014
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		105f194e-08e2-45e8-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	998796.12	Disbursement For: 2014 Other (speci	Primary ☐ General
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jennifer E Smith			10	11 2014
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		9.00
Morganton	NC	28655		f07dce4a-88fa-4b51-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			89.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures)	7
(c) TOTAL Independent Expenditures			>	4 1 4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13	2014
-				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Eva M Johnston	10 11 2014
Mailing Address 2517 N 47th St	Amount
City State Zip Code	20.00
Milwaukee WI 53210	Transaction ID : 449ccb3c-1e95-4390-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Odichadi Ical Io Dalc	isbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Devan J McNeil	Date of Public Distribution/Dissemination
Mailing Address 2521 Corolla Hills Dr	Amount
City State Zip Code	50.00
Lenoir NC 28645	Transaction ID : 65eaee9e-947b-4648-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 13 2014
Signature	

PAGE

15

OF

Schedule E)	LIVI EXI LIVE	TIONES	PAG FOF	GE 16 OF 80 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on Man / D	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Haley A Zimmerman				11 2014
Mailing Address 1409 Robbins Dr			Amount	
City	State	Zip Code		60.00
Lenoir	NC	28645	Transaction ID : 1 Date of Disbursem	7829f29-29e2-40f4-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose	President X Se	enate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	998796.12	Disbursement For: 2014 Other (specify)	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Haley A Zimmerman			10 D	11 2014
Mailing Address 1409 Robbins Dr			Amount	
City	State	Zip Code		3.00
Lenoir	NC	28645	Transaction ID: 74 Date of Disbursem	93ffc8-a30e-4625-8 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D	11 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		X Oppose	President X S	
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		• • • • • • • • • • • • • • • • • • •	63.00
(b) SUBTOTAL of Unitemized Independent Exp	andituras			
(b) GOD TO TALL OF GIMENIALZED INDEPENDENT EXP			7	
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 13	2014

Schedule E)	PAGE 17 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report Amends report filed on	, , , , , , , , , , , , , , , , , , , ,
Full Name of Payee Da Angela D Soots	ate of Public Distribution/Dissemination
Mailing Address 1481 Neighborly PI	10 11 2014
An	mount
City State Zip Code	70.00
==::::::	ransaction ID : 3aee83bd-65de-4bb5-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
Full Name of Payee Da	ate of Public Distribution/Dissemination
Angela D Soots	M = M / D = D / Y = Y = Y
Mailing Address 1481 Neighborly Pl	10 11 2014
- 1401 Noighborry 11	mount
City State Zip Code	11.19
	ansaction ID: 19889cc3-507f-44b6-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 11 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	81.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
_	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	13 2014
Signature	

Schedule E)	DENT EXICIO	TIONES	PAGE 18 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gabriella E Hansen			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 310 West Meath Drive			Amount
City	State	Zip Code	10.00
Winterville	NC	28590	Transaction ID : a52a6339-cf19-41be-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 11 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lucas H Hoyle			10 11 2014
Mailing Address 282 Falls Ave			Amount
City	State	Zip Code	35.00
Granite Falls	NC	28630	Transaction ID: e876f4d8-8945-4017-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		45.00
(b) CURTOTAL of Unitermized Independent To	va anditura a		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	EXI END	1101120		PAGE 19 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Lucas H Hoyle			М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		15.90
Granite Falls	NC	28630		ction ID: 7a9b9fd5-3283-4546-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought	ę	998796.12	Disbursement 2014 Oth	For: Primary ☐ General er (specify) ►
Full Name of Payee Corey S McKnight				Public Distribution/Dissemination
Mailing Address 1510 Bailey St				0 11 2014
City	State	Zip Code		30.00
West Monroe	LA	71292	Transact Date of	tion ID : 1ebb316a-f5b6-4a8b-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	0 11 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<i>;</i>			45.90
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· -	
(c) TOTAL Independent Expenditures			•	4 1 4 1 4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		13 2014
Signature		_		

Sch	nedule E)	10.	TOTILO		PAGE 20 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report New	repc	ort Amends repor	rt filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee	_			Date of Public Distribution/Dissemination
	Corey S McKnight				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1510 Bailey St			Α	Amount
	City State	-	Zip Code		30.00
	West Monroe LA		71292		ransaction ID : 9bfc7ab9-cc69-46a0-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office S	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose		resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	79908.37	Disburse 2014	ement For: Primary X General Other (specify) ▶
	Full Name of Payee Adena V Smith			С	Date of Public Distribution/Dissemination
	Adena v Smith				10 11 2014
	Mailing Address 450 Judson Dr			A	Amount
-	City State		Zip Code	— г	22.50
	Wake Forest NC		27587	Tr	ransaction ID : 60804705-505b-42e3-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 11 2014
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Kay Hagan		X Oppose	P	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	998796.12	Disburse 2014	ement For:
(a	a) SUBTOTAL of Itemized Independent Expenditures				52.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures			· [
					4
(0	c) TOTAL Independent Expenditures			•	
W	nder penalty of perjury I certify that the independent expendituith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Elec	ctroni	cally Filed] Date	10	13 2014
	Signature		_		

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 21 OF 80 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	1
Adena V Smith			10 11 2014	Y
Mailing Address 450 Judson Dr			Amount	
City	State	Zip Code	2.10	5
Wake Forest	NC	27587	Transaction ID: 001b9d84-f4e3-4546-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Kay Hagan		X Oppose	President State: NC	;
Calendar Year-To-Date Per Election for Office Sought	, , ,	998796.12	Disbursement For: ☐ Primary ☐ Gene 2014 ☐ Other (specify) ▶	ral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Lorri Anderson			10 11 2014	Υ
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code	35.00	П
Charlotte	NC	23215	Transaction ID: 371f3052-7ced-4bca-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 11 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For:	ral
(a) SUBTOTAL of Itemized Independent Expen	ditures		37.10	
(b) OUDTOTAL of Heiberiand Indiana deal Fundament	and Phone a			_
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

Schedule E)		PAGE 22 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Lorri Anderson		10 / 11 / 2014
Mailing Address 7214 Duchamp Dr		Amount
City State	Zip Code	3.60
Charlotte NC	23215	Transaction ID : 31edf3c1-b44a-4e58-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
Quentin C Pool		10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4091 E Horne Ave		Amount
City State	Zip Code	36.70
Farmville NC	27828	Transaction ID : 4743870b-fb6b-4bbc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		40.30
	,	1171171171
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic Signature	ically Filed] Date	10 13 / 2014

Schedule	E)	T EXI EILD	101120		PAGE 23 OF 80 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
					- M / D - D / Y - Y - Y
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
	ne of Payee htin C Pool				of Public Distribution/Dissemination
Mailing /	Address 4091 E Horne Ave			L	10 11 2014
				Amou	nt
City		State	Zip Code		8.10
Farmvill		NC	27828		action ID: 4750d096-d632-4093-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	М	10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	endar Year-To-Date Election for Office Sought	g	98796.12	Disbursemen 2014 O	t For: Primary
	ne of Payee	-		Date	of Public Distribution/Dissemination
Matt	Jieb			IV	10 11 2014
Mailing	Address 3815 Robin Road				لىنىا لىا ك
				Amou	nt
City		State	Zip Code		33.30
Ayden		NC	28513	Transa Date	ction ID: b704110e-57b4-49f7-8 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	N/	10 / 11 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	^r Hagan		X Oppose	Preside	ent Senate State: NC
	endar Year-To-Date Election for Office Sought	, , ,	998796.12	Disbursemen 2014 O	t For:
(a) SUB1	TOTAL of Itemized Independent Expenditure	es		·	41.40
(b) SUBT	TOTAL of Unitemized Independent Expendi	tures			7 1 7 1 7
(c) TOTA	L Independent Expenditures				
					7 7 7
with, or a	nalty of perjury I certify that the independent the request or suggestion of, any candidate imittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signat	ure		_		

Schedule E)	DENT EXILITE	TI OTILO	PAGE 24 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			10 / 11 / 2014
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	10.50
Ayden	NC	28513	Transaction ID : c08f768c-3fb4-4513-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	998796.12	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Meagan N Rogerson			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3657 S Rail Road St			Amount
City	State	Zip Code	30.00
Fountain	NC	27829	Transaction ID : a30d43b4-3c74-48a3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		40.50
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
(b) SOBTOTAL OF OTHER MIZE OF THE PROPERTY LAND	Jenulures		7 7 7
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	DEIVI EXI EIVD	HONES	PAGE 25 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination
Mailing Address 3657 S Rail Road St			10 11 2014 Amount
City Fountain	State NC	Zip Code 27829	19.50 Transaction ID: 7c2c9542-f1ca-4253-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation 10 11 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For:
Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination
Mailing Address 3039 Four Way Rd			10
City	State	Zip Code	30.00
Snow Hill	NC	28580	Transaction ID: 8340acb3-cfd4-48e6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 11 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		49.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			
·			7 7 7
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 2014
Olgi latule			

Schedule E)	JENT EXILINE	TIONES	PAGE 26 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie E Hardy			10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3039 Four Way Rd			Amount
City	State	Zip Code	6.00
Snow Hill	NC	28580	Transaction ID: 20d3acf8-d917-46b2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	998796.12	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Heather A Smith			10 11 2014
Mailing Address 995 Clairborne Rd			Amount
City	State	Zip Code	31.00
Calhoun	LA	71225	Transaction ID : fec829c8-50fd-401a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		37.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures)
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI END	ITORES	PAGE 2 FOR SE 0	7 OF 80 DF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee Heather A Smith			Date of Public Distributio	/ Y = Y = Y = Y
Mailing Address 995 Clairborne Rd			10 11 Amount	2014
City	State	Zip Code		12.00
Calhoun	LA	71225	Transaction ID : 17b8b1 Date of Disbursement or	de-b65a-42cb-8
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
Full Name of Payee Linda J Fueling			Date of Public Distribution	/ Y = Y = Y = Y
Mailing Address 6424 Purple Martin Ct			10 11 Amount	2014
City	State	Zip Code		55.00
Wilmington	NC	28411	Transaction ID : 6aba614 Date of Disbursement or	c-d68c-4178-9
Purpose of Expenditure Salary		Category/ Type 001	10 / 11	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	998796.12	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	67.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
			4	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		014
Signaturo				

Sc	chedule E)	PAGE 28 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Ī	Full Name of Payee Linda J Fueling	Date of Public Distribution/Dissemination
	Mailing Address 6424 Purple Martin Ct	10 11 7 2014
	Walling Address 6424 Purple Martin Ct	Amount
Ì	City State Zip Code	18.36
	Wilmington NC 28411	Transaction ID: 5907d747-c7d2-4089-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 11 / 2014
Ì	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	Full Name of Payee Nick Berryhill	Date of Public Distribution/Dissemination
	•	10 11 2014
	Mailing Address 905 Lake Drive	Amount
1	City State Zip Code	30.00
	Shelby NC 28152	Transaction ID : 5ee54d63-4cb0-468d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 11 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	48.36
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	10 13 2014
	Signature	

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00030766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nick Berryhill	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 905 Lake Drive	Amount
City State Zip Code	3.60
Shelby NC 28152	Transaction ID : 33971f06-9e98-45fa-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee Krystal A Wilson	Date of Public Distribution/Dissemination
Mailing Address	10 11 2014
Mailing Address 448 Judson Dr	Amount
City State Zip Code	22.50
Wake Forest NC 27587	Transaction ID : fb1e0deb-2bfd-4c09-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 11 Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	26.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	0 13 2014
Signature	

Scl	chedule E)			PAGE 30 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report Amer	nds repo	rt filed on	= M / D = D / Y = Y = Y
Т	Full Name of Payee		Data of	f Dublic Distribution/Discomination
	Edward N Walker		М	f Public Distribution/Dissemination
I	Mailing Address 3 Girard St		Amount	nt .
ŀ	City State Zip Code			80.00
	Ft Smith AR 72901			action ID: 27910bb2-7289-4bf6-8 f Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001		10 11 2014
l	Name of Federal Candidate Su	upport	Office Sought:	: House District:00
	Ma Mark I Drawn	ppose	Presiden	
	Calendar Year-To-Date Per Election for Office Sought 160884.72		Disbursement 2014 Oth	For: Primary X General her (specify) ▶
	Full Name of Payee Edward N Walker			f Public Distribution/Dissemination
				10 / 11 / 2014
	Mailing Address 3 Girard St		Amount	nt
ŀ	City State Zip Code			38.70
	Ft Smith AR 72901		Transac Date of	ction ID : f574f856-494b-422a-9 If Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	M	10 / 11 / 2014
	Name of Federal Candidate Su	upport	Office Sought:	: House District: 00
	Mr. Mark L Pryor		Presider	
	Calendar Year-To-Date Per Election for Office Sought 160884.72		Disbursement 2014 Oth	For: Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures			118.70
`	a) cobiema or nomizou masponasm imponanciem minimum			7 7 7
((b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
((c) TOTAL Independent Expenditures		>	
W	Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed]	Date	4.0	13 2014
	Signature			

Sched	ule E)	EXI EIID	101120		PAGE 31 OF 80 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
				M	-M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full I Su	Name of Payee e G Walker				of Public Distribution/Dissemination
Maili	ng Address 3 Girard			Amou	10 11 2014
				7111041	
City		State	Zip Code	<u> </u>	65.00
Fort	Smith	AR	72901		action ID: e212e344-af11-4277-b of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001	М	10 11 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. I	Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, 1	60884.72	Disbursemen 2014 O	t For: Primary
	Name of Payee			Date	of Public Distribution/Dissemination
La	ura U Logie			IV	10 11 2014
Maili	ng Address 2565 Shire Circle				10 11 2014
				Amou	nt
City		State	Zip Code	— II.	52.50
	risonburg	VA	22801		ction ID: 64f23380-7856-4183-a of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001	N.	10 / 11 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	179908.37	Disbursemen 2014 O	t For:
(a) SI	JBTOTAL of Itemized Independent Expenditure	s		· [117.50
(b) SI	JBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) T(OTAL Independent Expenditures			•	7
with, c	penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	13 2014
Sig	nature				

Sch	edule E)	71101120		PAGE 32 OF 80 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C	C00530766
Chec	ek if 24-hour report X 48-hour report New re	port Amends repo	rt filed on	D = D / Y = Y = Y
	Full Name of Payee Mary R Kirkland		M = M /	Distribution/Dissemination
N	Mailing Address 504 Green Meadow Dr		Amount	11 2014
	Dity State	Zip Code		60.00
-	Boyd TX	76023		D: 6fe582b3-a31a-4363-8 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	11 / 2014
N	Name of Federal Candidate	Support	Office Sought:	House District: 00
N	Mr. Mark L Pryor	Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	160884.72	Disbursement For: 2014 Other (specific	Primary
	Full Name of Payee Mary R Kirkland Mailing Address 504 Green Meadow Dr		Date of Public 10 Amount	Distribution/Dissemination 11 2014
	Dity State	Zip Code	- I	36.00
	Boyd TX	76023	Transaction ID Date of Disbu	: b85337ca-84a4-482b-9 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	11 / 2014
Ν	Name of Federal Candidate	Support	Office Sought:	House District:00
ľ	Mr. Mark L Pryor	X Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	160884.72	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditures		•	96.00
(b)) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c)) TOTAL Independent Expenditures		•	4
wit	nder penalty of perjury I certify that the independent expenditure th, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		nically Filed] Date	10 / 13	2014
	Signature			

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Diane Smith				10 11 2014
Mailing Address 4006 Wolkswalk Pla	ce		Amou	unt
City	State	Zip Code		43.00
Raleigh	NC	27610	Trans Date	saction ID: 5d7f0309-25fb-4212-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 11 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan		Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	99	98796.12	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Diane Smith				10 11 2014
Mailing Address 4006 Wolkswalk F	lace		Amou	
City	State	Zip Code		5.10
Raleigh	NC	27610		action ID: c8ee2276-ad74-478a-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 / 11 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. Kay Hagan		X Oppose	Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent	ent Expenditures		•	48.10
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		•	
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	f, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	, 10	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

PAGE

33

OF

Schedule E)	DENT EXICIO	ITORES	PAGE 34 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gary W Fuhrmann			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amount
City	State	Zip Code	37.50
Shreveport	LA	71106	Transaction ID : bfb7ab42-0b66-4cdf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Gary W Fuhrmann			10 11 2014
Mailing Address 9425 Jessica Drive			Amount
City	State	Zip Code	8.40
Shreveport	LA	71106	Transaction ID : bece2c04-2d61-436b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		45.90
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Scl	hedule E)	PAGE 35 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
		M = M / D = D / Y = Y = Y
_	ck if 24-hour report 48-hour report New report Amends report filed or	
	Full Name of Payee Kellie DAunoy-Jones	Date of Public Distribution/Dissemination
ľ	Mailing Address 1017 Maris Stella St.	Amount
ŀ	City State Zip Code	22.50
	Slidell LA 70460	Transaction ID: c037464b-3a2f-4820-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M / D D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
ı	Name of Federal Candidate Support Office S	ought: House District:00
ļ	Ms Mary I Landriau	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
Γ		Date of Public Distribution/Dissemination
1	Kellie DAunoy-Jones	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1017 Maris Stella St.	لحنجا لحا لنا
1		Amount
ŀ	City State Zip Code	3.60
		ransaction ID: b2e751c4-65b8-4c31-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014
Ι	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	26.10
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, carty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	13 2014
	Signature	

Sch	edule E)	IXI ENDI	TOTILO				PAGE 36 OF 80 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	M /	D = D / Y = Y = Y
	ull Name of Payee Cecilla A Rebrick					of Public	c Distribution/Dissemination
M	Mailing Address 5003 Allison Lane				Amou	10	11 2014
	Na		7:n Codo				70.00
- 1	,	tate AR	Zip Code 72901				70.00 ID: 6fb406fe-1f31-4be9-9 ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		10	11 2014
N	lame of Federal Candidate		Sı	upport	Office Sough	nt;	House District: 00
N	Иг. Mark L Pryor			ppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	60884.72		Disbursemer 2014	nt For: Other (sp	Primary
	Full Name of Payee Cecilla A Rebrick				_	of Public	c Distribution/Dissemination
N	Mailing Address 5003 Allison Lane				Amou	-	سحا لنا
С	Dity St	tate	Zip Code				0.30
		AR	72901		Transa Date	of Disbu	D: 47a4830e-9e7d-46b1-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	11
N	lame of Federal Candidate		s	upport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor		Xo	ppose	Presid	ent 2	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		160884.72		Disbursemer 2014		Primary ⊠ General
(a)	SUBTOTAL of Itemized Independent Expenditures				.		70.30
(b)	SUBTOTAL of Unitemized Independent Expenditures	3			· -		
(c)	TOTAL Independent Expenditures				· [
witl	der penalty of perjury I certify that the independent eth, or at the request or suggestion of, any candidate or ty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10 /	13	2014
	Signature						

Sch	nedule E)	PAGE 37 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC	C C00530766
Chec	ck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Lisa A Funck	of Public Distribution/Dissemination 10 11 2014
N	Mailing Address 23901 W Hwy 66	punt
	City State Zip Code	120.00
- 1	Calumet OK 73014 Tran	nsaction ID : f52839de-52af-4e68-b e of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 11 7 2014
1	Name of Federal Candidate Support Office Sou	ght: House District: 00
	Mr. Mark L Pryor Oppose Presi	
	Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
		e of Public Distribution/Dissemination
Т	Ceslie A Benner	10 11 2014
Ī	Mailing Address 2081 Knob Hill Rd	
Т	Amo	ount
(City State Zip Code	60.00
	Date	saction ID : abc6657b-e86c-4a66-8 e of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 11 / 2014
	Name of Federal Candidate Support Office Sou	ght: House District: 00
L	Mr. Mark L Pryor	ident State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(с	c) TOTAL Independent Expenditures	7
wi	Inder penalty of perjury I certify that the independent expenditures reported herein were not made in ith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	13 2014
	Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 38 OF 80 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
women Speak Out PAC	Vomen Speak Out PAC C c00530766					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Ceslie A Benner			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2081 Knob Hill Rd			Amount			
City	State	Zip Code	34.50			
Azle	TX	76020	Transaction ID: 7e39f375-a95c-4575-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Mr. Mark L Pryor		Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	.,,	160884.72	Disbursement For:			
Full Name of Payee			Date of Public Distribution/Dissemination			
Patricia F Arnold			10 11 2014			
Mailing Address 1117 Clipper Dr			Amount			
City	State	Zip Code	19.00			
Slidell	LA	70458	Transaction ID : ac46de28-8992-4d4c-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expen	ditures		53.50			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>			
(c) TOTAL Independent Expenditures			•			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule E)	LNDITOTIES	PAGE 39 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report N	lew report Amends report file	ed on
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr		10 11 2014
Папана по пред при		Amount
City State	Zip Code	0.30
Slidell LA	70458	Transaction ID : fe2e821c-fa03-49d3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 11 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	179908.37 Dis	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Carol L Walters		10 11 2014
Mailing Address 1900 Glen West Way		
		Amount
City State	Zip Code	65.00
Fort Smith AR	72916	Transaction ID : 23f9f3e8-e1fe-48b2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	160884.72 Dis	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	65.30
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	····	
		4 4
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or autparty committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	10 13 2014
Signature		

Schedule E)	TI EXI END	II OILEO		PAGE 40 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC C00530766				
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Carol L Walters			Date of	Public Distribution/Dissemination
Mailing Address 1900 Glen West Way				0 11 2014
1000 Cicii Proce Pray			Amount	
City	State	Zip Code		28.20
Fort Smith	AR	72916		ction ID : 283b8f26-620d-42ad-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	state: AR AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	160884.72	Disbursement 2014 Oth	For: Primary General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Brenda K Billington				M / D D / Y Y Y Y
Mailing Address 437 Roberson Creek Rd				11 2014
5 407 NODOISON OTCON NO			Amount	t .
City	State	Zip Code		65.00
Pittsboro	NC	27312	Transac Date of	tion ID: 465724f8-0bb9-489a-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	998796.12	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	93.20
(b) SUBTOTAL of Unitemized Independent Expendi	itures			
(c) TOTAL Independent Expenditures			•	4 1 4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	4.0	13 2014
Signature				<u></u>

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 41 OF 80 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼		
women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee Brenda K Billington			Date of Public	Distribution/Dissemination		
Mailing Address 437 Roberson Creek Rd			10 Amount	11 2014		
City Pittsboro	State NC	Zip Code 27312	Transaction II	15.60 D : ac2143a1-d9d1-4cfc-8		
		1		rsement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	11 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Patrice Wolfe			10	11 2014		
Mailing Address 9909 Treasure Hill Rd			Amount			
City	State	Zip Code		15.00		
Little Rock	AR	72205		: d3b24f8a-618a-4337-8 rsement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	1,11,	160884.72	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►		
(a) SUBTOTAL of Itemized Independent Expendent	litures			30.60		
			7	7		
(b) SUBTOTAL of Unitemized Independent Experience	enditures		•			
(c) TOTAL Independent Expenditures			•	7 7		
Under penalty of perjury I certify that the indep- with, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13	2014		
2.9						

Schedule E)	ENDENT EXPENDI	TONES	<u> </u>	PAGE 42 OF 80 FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	t filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Patrice Wolfe			10	11 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount			
City	State	Zip Code		3.30		
Little Rock	AR	72205		: 8426c796-2e98-4021-a sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	11 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	1	60884.72	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Joanna Kindstedt			10	11 2014		
Mailing Address 2134 Tobaccoville Ro	I		Amount			
City	State	Zip Code		17.50		
Rural Hall	NC	27045		: 0da0dc34-7649-49e4-a sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent	Expenditures		.	20.80		
			7	7 7		
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		>			
(c) TOTAL Independent Expenditures			•	7 7		
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10 / 13	2014		
party committee) any political party comm Ms. Emily Buchanan	nittee or its agent.		M = M / D = D	/ Y = Y = Y		

Sc	hedule E)	_	AGE 43 OF 80 OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		TIFICATION NUMBER ▼
W	omen Speak Out PAC		0530766
Che	eck if 24-hour report X 48-hour report New report Amends report file		D D / Y Y Y Y
_	Full Name of Payee	ا السا	
	Benjamin L Heitman	Date of Public D	Distribution/Dissemination 11 2014
	Mailing Address 2520 Helmstetler Rd	Amount	
ŀ	City State Zip Code		80.00
	Lexington NC 27295		: 7176ef1b-e8f9-4e91-a ement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 /	11 / 2014
ı	Name of Federal Candidate Support Office	e Sought:	House District:00
	Ms. Kay Hagan Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Other (speci	Primary
ſ	Full Name of Payee	Date of Public D	Distribution/Dissemination
1	Brittany A Frederick	10	11 2014
ľ	Mailing Address 18793 Hilltop Ln		23.1
1	·	Amount	
ŀ	City State Zip Code	1 1 1 1 1	90.00
	Nevada TX 75173	Transaction ID : Date of Disburse	e076c3a7-4768-45b0-b ement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 /	11 / 2014
ľ	Name of Federal Candidate Support Office	ce Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: 4 Other (spec	Primary X General ify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	7	170.00
((b) SUBTOTAL of Unitemized Independent Expenditures	7	7
((c) TOTAL Independent Expenditures	7	7
W	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either carty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	10 13	2014
	Signature		

Schedule E)	LIVI EXI EIVE	TIONES	<u> </u>	PAGE 44 OF 80 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee Chris McCoy				Distribution/Dissemination		
Mailing Address 1025 Cayley Ct			10	11 / 2014		
1025 Cayley Ct			Amount			
City	State	Zip Code		90.00		
High Point	NC	27260): 211956ad-3488-4c1f-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: [2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Chris McCoy			10	11 2014		
Mailing Address 1025 Cayley Ct			Amount			
City	State	Zip Code		20.40		
High Point	NC	27260		: 213d3c53-c378-43f7-b sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	11 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	998796.12	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expen	ditures			110.40		
(b) OUDTOTAL of Heiberined Indoors deal Fundament						
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	45		
(c) TOTAL Independent Expenditures			>	4		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 13	2014		
- 3						

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Danielle McCoy	10 11 2014
	Mailing Address 1025 Cayley Ct	Amount
	City State Zip Code	90.00
	High Point NC 27260	Transaction ID : 13ee8b0a-e9ba-41af-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 998796.12 2014	
		Other (specify)
	Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
	Mailing Address 1025 Cayley Ct	10 11 2014 Amount
	City State Zip Code	21.00
	High Point NC 27260	Transaction ID : c994d0e3-c6e5-42cd-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 11 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	111.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 13 2014
	Signature	لـــــــــــــــــــــــــــــــــــــ

PAGE 45

OF

Scł	hedule E)			PAGE 46 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends report	t filed on	/ D = D / Y = Y = Y
Т	Full Name of Payee		Date of Pub	lic Distribution/Dissemination
	Eleanor McCoy Mailing Address 4902 Catawba Dr		10	11 2014
	1918 Address 4902 Catawba Dr		Amount	
	City State Zip C	Code		82.50
	Greensboro NC 2740	07		ID: b3c727ea-1858-4e8d-8 pursement or Obligation
	Purpose of Expenditure Salary Cate	tegory/ Type 001	10	11 2014
Ì	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 998796		Disbursement For: 2014 Other (s	Primary
Γ	Full Name of Payee		Date of Pub	lic Distribution/Dissemination
	Eleanor McCoy		M = M 10	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
-	Mailing Address 4902 Catawba Dr			11 2017
Ì	.002 03.1		Amount	
ľ	City State Zip C	Code		17.10
	Greensboro NC 2740	107	Transaction Date of Disk	ID: e91650e6-5254-48f3-8 bursement or Obligation
	Purpose of Expenditure Mileage Cate	tegory/ Type 002	10	11 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	98796.12	Disbursement For: 2014 Other (s	Primary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures)	99.60
(l	b) SUBTOTAL of Unitemized Independent Expenditures		.	4
(0	c) TOTAL Independent Expenditures		>	7
W	Under penalty of perjury I certify that the independent expenditures report vith, or at the request or suggestion of, any candidate or authorized commarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically 1	Filed] Date	10 13	2014
	Signature			

Schedule E)	PAGE 47 OF 80 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C00530766					
Check if 24-hour report 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y				
Full Name of Payee Serena A Jones	Date of Public Distribution/Dissemination				
Mailing Address 7151 Mullins Drive	10 11 2014				
7 151 Widilitis Drive	Amount				
City State Zip Code	80.00				
Saltville VA 24370	Transaction ID : ca6d25d6-c893-4fba-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	Sought: House District:00				
Ms Kay Hagan	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary				
Full Name of Payee	Date of Public Distribution/Dissemination				
Serena A Jones	M M / D D / Y Y Y Y				
Mailing Address 7151 Mullins Drive	10 11 2014				
7 131 Mullins Dive	Amount				
City State Zip Code	60.30				
	Transaction ID: b3dcfef4-df95-49a8-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014				
Name of Federal Candidate Support Office	Sought: House District: 00				
Ms. Kay Hagan Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	140.30				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

Schedule E)	DEITI EXI EITE	TIONES	PAGE 48 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination
Mailing Address 145 Bradford Circle			10 11 2014
5 140 Bradioid Officio			Amount
City	State	Zip Code	115.00
Clayton	NC	27527	Transaction ID: e34ab413-fc66-489e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Laurel Littler			10 11 2014
Mailing Address 145 Bradford Circle			Amount
City	State	Zip Code	38.70
Clayton	NC	27527	Transaction ID : efa008bc-48fa-4c5c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		153.70
(b) SUBTOTAL of Unitemized Independent Ex	nenditures		
(4, 552.51.2.51.2.1.2.1.1.1.1.1.1.1.1.1.1.1.			7 7 7
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	DENT EXICIO	ITORES		PAGE 49 OF 80 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
James A Sears			10	11 / 2014
Mailing Address 305 Averroe Dr			Amount	
City	State	Zip Code		115.00
Apex	NC	27502		: aa3aa341-8f0e-4eba-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	998796.12	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Danielle E Grindstaff			10	11 2014
Mailing Address 147 Possum Trot Rd			Amount	
City	State	Zip Code		40.00
Bakersville	NC	28705		b8175fb5-4c4c-4d16-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expo	enditures		•	155.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
				45
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 13	2014
S.g.iataio				

Schedule E	E)	DEINI EX. 2.12.	1101120		PAGE 50 OF 80 FOR SE OF FORM 24/48
	MMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women 8	Speak Out PAC			[C C00530766
Check if	24-hour report X 48-hour repor	t New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name Daniel	of Payee le E Grindstaff			М	
Mailing Ac	Idress 147 Possum Trot Rd			Amount	0 11 2014
City		State	Zip Code		7.50
Bakersvill	е	NC	28705		ction ID : d2b827d7-16c0-4008-9 Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002	M	
Name of I	Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay H	lagan		X Oppose	Presiden	t Senate State: NC
	ndar Year-To-Date Election for Office Sought	9	998796.12	Disbursement 2014 Oth	For:
Full Name Lilly Gr				М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ddress 205 Medallion Circle			Amount	لىنىا لىا ك
City		State	Zip Code		80.00
Shrevepo		LA	71119	Transac Date of	tion ID : 2bcfeeef-39cf-4c55-8 Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		0 11 2014
Name of	Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay H	Hagan		Oppose	Presider	
	ndar Year-To-Date Election for Office Sought		998796.12	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTO	TAL of Itemized Independent Expe	nditures			87.50
(b) SUBTO	TAL of Unitemized Independent Ex	penditures		· .	4 4 4
(c) TOTAL	Independent Expenditures			· [444
with, or at t	alty of perjury I certify that the inde the request or suggestion of, any ca hittee) any political party committee	andidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date		13 2014
Signatur	e				

Schedule E)	DEIVI EXI EIVD	TIONES	PAGE 51 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	62.40
Shreveport	LA	71119	Transaction ID: 2749441d-4e60-47cb-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sandra C Montalbano			10 11 2014
Mailing Address 4177 Lowerline St			Amount
City	State	Zip Code	40.00
Slidell	LA	70461	Transaction ID: 655d8cad-0907-45db-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		102.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olgitataro			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 200330700
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee Sandra C Montalbano	Date of Public Distribution/Dissemination
Sandra C Montaibano	10 11 2014
Mailing Address 4177 Lowerline St	Amount
City State Zip Code	6.90
Slidell LA 70461	Transaction ID: ae9de9ca-3f16-43f2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 11 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Heather C York-Pray	Date of Public Distribution/Dissemination
Treatrier C Tork-Fray	10 11 2014
Mailing Address 6786 Candlewood Dr	Amount
City State Zip Code	25.00
Fayetteville NC 28314	Transaction ID: 4f2ccf73-2bc5-4faf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 11 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	31.90
(L) CO	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	0 13 2014
Signature	

Schedule E)	JENT EXILITE	TIONES	PAGE 53 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Heather C York-Pray			Date of Public Distribution/Dissemination
Mailing Address 6786 Candlewood Dr			10 11 2014 Amount
City	State	Zip Code	2.70
Fayetteville	NC	28314	Transaction ID : f0ee4a13-9761-4cc3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	998796.12	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			10 / 11 / 2014
2020 (Namily) (1000 2)			Amount
City	State	Zip Code	20.00
Marrero	LA	70072	Transaction ID : f557740d-d3d1-4d8e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		22.70
(b) SUBTOTAL of Uniternized Independent Ex	oenditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
· ·			

Schedule E)	LIVI EXI END	TIONES	PAGE 54 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			10 11 / 2014
,			Amount
City	State	Zip Code	5.10
Marrero	LA	70072	Transaction ID: c4b5e095-5904-4dba-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ashley n Thompson			10 11 2014
Mailing Address 272 Westgate Ct Apt 6			Amount
City	State	Zip Code	82.50
Lexington	NC	27295	Transaction ID: 9a67e8a7-4ed0-46da-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		87.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	EXI END	TOTILO		PAGE 55 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends re	eport filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Ashley n Thompson				Date of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6				10 11 2014 Amount
City	State	Zip Code		3.00
Lexington	NC	27295		Transaction ID : 48c85ec4-3928-48dc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	10 11 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	9	998796.12	Disbur 2014	sement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Randy G Lookabill				10 11 2014
Mailing Address 200 Carawood Lane				Amount
City	State	Zip Code		82.50
Lexington	NC	27295	-	Fransaction ID : 78f24b34-0c7f-4a3f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00)1	10 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	998796.12	Disbur 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			🕨	85.50
			,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	res		····· >	7 7 7
(c) TOTAL Independent Expenditures			····· >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	ate 10	and the second second
Signature				

Schedule E)	OI INDEPENDENT E	XF LIVDI	TOTILS				PAGE 56 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F						FEC II	DENTIFICATION NUMBER ▼
Women Speak Out	PAC					C	C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M	/ D = D / Y = Y = Y
Full Name of Payee					Da	ate of Publi	c Distribution/Dissemination
Randy G Lookabi						10	11 2014
Mailing Address 200 Cara	awood Lane				Ar	nount	
City	Sta	te	Zip Code		— r		33.00
Lexington	No	С	27295				ID: 27726a40-3048-4d56-8 ursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002		10	11 2014
Name of Federal Candida	ite		S	Support	Office So	ught:	House District:00
Ms. Kay Hagan			X	Oppose	Pre	esident	Senate State: NC
Calendar Year-To-Dat Per Election for Offic		9	98796.12		Disburser 2014	ment For: Other (sp	Primary
Full Name of Payee					Da	ate of Publi	ic Distribution/Dissemination
Billy Martin						10	11 2014
Mailing Address 250 Js	S Brewton rd				Αı	mount	
City	Sta	te	Zip Code		$ \Gamma$		50.00
goldonna	L	A	71031				D: 6b668110-3bca-49e7-a ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001		10	11 2014
Name of Federal Candida	ate			Support	Office Sc	ought:	House District: 00
Ms. Mary L Landrieu			X	Oppose	Pre	esident	Senate State: LA
Calendar Year-To-Da Per Election for Office			179908.37	7	Disburser 2014	ment For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized	d Independent Expenditures						83.00
(b) SUBTOTAL of Unitemize	zed Independent Expenditures.				. ▶		7
(c) TOTAL Independent Ex	xpenditures				•		1 4 1 5
with, or at the request or s	certify that the independent ex suggestion of, any candidate or cal party committee or its agen	authorized					
Ms. Emily Buck	nanan	[Electron	ically Filed]	Date	10	13	2014
-							

Schedule E)	0111 01 111211 2112		1101120		PAGE 57 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Paye Billy Martin	e				of Public Distribution/Dissemination
Mailing Address ₂	50 JS Brewton rd				10 11 2014
City		State	Zip Code		3.60
City goldonna		LA	71031		action ID: ef8bb63d-58ca-460b-a of Disbursement or Obligation
Purpose of Expend Mileage	diture		Category/ Type 002	М	10 11 2014
Name of Federal 0	Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landri	eu		X Oppose	Preside	ent Senate State: LA
Calendar Yea Per Election f	r-To-Date for Office Sought		179908.37	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payer Gregory Gree					of Public Distribution/Dissemination
Mailing Address	2506 Bolch Street			Amour	nt
City		State	Zip Code		80.00
Shreveport	•••	LA	71104	Transac Date of	ction ID : 67dd8303-d349-490f-a f Disbursement or Obligation
Purpose of Expen Salary	aiture		Category/ Type 001		10 11 / 2014
Name of Federal (Support	Office Sought	t: House District: 00
Ms. Mary L Landri	eu		X Oppose	Preside	
Calendar Yea Per Election	r-To-Date for Office Sought		179908.37	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of	Itemized Independent Expen	ditures		· •	83.60
(b) SUBTOTAL of	Unitemized Independent Exp	enditures			
(c) TOTAL Indepen	dent Expenditures			· -	
with, or at the requi		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electror	nically Filed] Date	e 10	13 2014
Signature					

Schedule E)	DENT EXTEND	ITORES	PAGE 58 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	30.60
Shreveport	LA	71104	Transaction ID: 59a0c41e-91b8-461e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher L Brazil			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5560 Dogwood Dr			Amount
City	State	Zip Code	20.00
Winston Salem	NC	27105	Transaction ID : a36f7d1d-9825-4352-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		50.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedul	e E)	itti EXI EITD			PAGE 59 OF 80 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	Speak Out PAC				C C00530766
		.		. ".	-M / D D / Y - Y - Y
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	
	^{me of Payee} stopher L Brazil				of Public Distribution/Dissemination
Mailing	Address 5560 Dogwood Dr			Amour	
City		State	Zip Code	— I	2.25
	on Salem	NC	27105		action ID : 5964a930-fbf4-4c27-a of Disbursement or Obligation
Purpos Mileag	e of Expenditure e		Category/ Type 002		10 11 2014
Name o	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ka	y Hagan		X Oppose	Preside	ent State: NC
	alendar Year-To-Date er Election for Office Sought	9	998796.12	Disbursement 2014 Of	t For:
	me of Payee			Date of	of Public Distribution/Dissemination
Colto	on R Overcash			M	10 11 2014
Mailing	Address 121 Ohara Dr				لىنىا لىا ك
				Amou	nt
City		State	Zip Code		80.00
Salisb	<u> </u>	NC	28147	Transa Date of	ction ID : ab88acba-ca4d-48c9-8 of Disbursement or Obligation
Salary	e of Expenditure		Category/ Type 001	М	10 / 11 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ka	y Hagan		Oppose	Preside	ent Senate State: NC
	alendar Year-To-Date er Election for Office Sought	· · · · · ·	998796.12	Disbursemen 2014 O	t For:
(a) SUB	TOTAL of Itemized Independent Expendit	ures		•	82.25
(b) SUB	TOTAL of Uniternized Independent Expen	ditures			7 1 7 1 7
(c) TOT	AL Independent Expenditures			•	7
with, or	enalty of perjury I certify that the indeper at the request or suggestion of, any cand mmittee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	13 2014
Signa	ature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Colton R Overcash	10 11 2014
Mailing Address 121 Ohara Dr	nount
City State Zip Code	90.90
Salisbury NC 28147 Tra	Insaction ID : 68127635-55e7-4f45-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 11 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify) ▶te of Public Distribution/Dissemination
Michael Vidrine	10 11 2014
Mailing Address 1103 West Wilson Street	nount
City State Zip Code	60.00
	nsaction ID : 6c04b412-e6a6-409d-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	150.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	13 2014
Signature	

PAGE 60

OF

Sc	hedule E)	PAGE 61 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	m = M / D = D / Y = Y = Y
_		
	Full Name of Payee Michael Vidrine	Date of Public Distribution/Dissemination 10 11 2014
	Mailing Address 1103 West Wilson Street	Amount
ŀ	City State Zip Code	22.50
		Transaction ID : 6b4c1474-65b3-470d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburg 2014	sement For:
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
1	Jacob T Craig	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1410 Bushville Dr	
1		Amount
ľ	City State Zip Code	35.00
	200.10	ransaction ID : c7a00a3e-0a9f-4d18-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 11 / 2014
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	JENT EXTEND	ITORES	PAGE 62 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	MBER ▼
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	Y
Full Name of Payee Joseph R English			Date of Public Distribution/Dissen	nination
Mailing Address 915 East Market Ave Apt 4				014
			7 1110 411	
City	State	Zip Code		90.00
Searcy	AR	72143	Transaction ID : a97d1740-eca1- Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House District	:00
Mr. Mark L Pryor		X Oppose	President Senate State	: _AR
Calendar Year-To-Date Per Election for Office Sought	.,,	160884.72	Disbursement For: ☐ Primary X 2014 ☐ Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disser	nination
Michael D English				2014
Mailing Address F4 Benton Ave Apt 4			Amount	
City	State	Zip Code		90.00
Searcy	AR	72149	Transaction ID : c7219ab2-3e20-4 Date of Disbursement or Obligati	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House District	t: <u>00</u>
Mr. Mark L Pryor		Oppose	President Senate State	e:AR
Calendar Year-To-Date Per Election for Office Sought		160884.72	Disbursement For: Primary X 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Exper	nditures		18	0.00
(I) OUDTOTAL (III II I			7 7	-
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•	45.
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 13 2014	
Signaturo				

Schedul	le E)	1 L /(1 L /(2 .	1101120		PAGE 63 OF 80 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ame of Payee			Date of	of Public Distribution/Dissemination
	an J Sparks			М	10 11 2014
Mailing	g Address 915 East Market Ave			Amour	nt
City		State	Zip Code		90.00
Searc	ry	AR	72149		action ID : 3b9a4a36-5ee8-48b5-a of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sought	: House District: 00
Mr. M	ark L Pryor		X Oppose	Preside	
_	calendar Year-To-Date er Election for Office Sought	1	160884.72	Disbursement 2014 Of	t For: Primary
	ame of Payee				of Public Distribution/Dissemination
Dyla	an J Sparks			М	10 / D D / Y Y Y Y Y
Mailing	g Address 915 East Market Ave				10 11 2014
	010 200			Amou	nt
City		State	Zip Code		77.10
Searc	•	AR	72149		ction ID : abc7e92c-ab29-4fd9-9 of Disbursement or Obligation
Purpo: Milea	se of Expenditure ge		Category/ Type 002	M	10 / 11 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Mr. M	ark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	160884.72	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUI	BTOTAL of Itemized Independent Expenditure)S		•	167.10
(b) SUI	BTOTAL of Unitemized Independent Expendit	ures			
(c) TO	FAL Independent Expenditures			•	7 7 7
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	13 2014
Sign	ature		_ · · · · · · · · · · · ·		

Schedule E)	PAGE 64 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amer	nds report filed on
Full Name of Payee Benjamin Hernandez	Date of Public Distribution/Dissemination
Mailing Address 915 E Market Ave	10 11 2014
913 E Ivialitet Ave	Amount
City State Zip Code	80.00
Searcy AR 72149	Transaction ID: c1e000ef-b3c6-475c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 11 2014
Name of Federal Candidate	pport Office Sought: House District: 00
Mr. Mark L Pryor	ppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 160884.72	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Benjamin Hernandez	10 11 2014
Mailing Address 915 E Market Ave	Amount
City State Zip Code	80.10
Searcy AR 72149	Transaction ID : 1d4b817f-57e1-4f86-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Su	upport Office Sought: House District: 00
Mr. Mark L Pryor	ppose President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 160884.72	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.10
(,)	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 13 2014
Signature	

Schedule E)	PAGE 65 OF 80 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC						
Check if 24-hour report X 48-hour report New report Amends report fill	ed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis	Date of Public Distribution/Dissemination					
Mailing Address P.O. Box 712	10 11 2014 Amount					
City Code	00.00					
City State Zip Code Alexander AR 72002	90.00 Transaction ID: 4e29a315-9bbe-43a8-9 Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	10 / 11 / 2014					
Name of Federal Candidate Support Off	fice Sought: House District: 00					
Mr. Mark L Pryor Oppose	President Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought Dis 20'	sbursement For: Primary					
Full Name of Payee Todd Ellis	Date of Public Distribution/Dissemination					
Mailing Address P.O. Box 712	10 11 2014 Amount					
City State Zip Code	40.50					
Alexander AR 72002	Transaction ID: 9a0b8c43-6186-4093-9 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014					
Name of Federal Candidate Support Of	fice Sought: House District: 00					
Mr. Mark L Pryor Oppose	President Senate State: AR					
	sbursement For: Primary X General Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	130.50					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					

Scl	hedule E)	,		PAGE 66 FOR SE OF FO	OF 80 DRM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION	
W	omen Speak Out PAC			C C00530766	
Che	eck if 24-hour report X 48-hour report New report	Amends repo	ort filed on	= M / D = D / Y	YYYY
T	Full Name of Payee Lauren N Hamel			of Public Distribution/Dis	semination
-	Mailing Address PO Box 398		Amou	10 11 nt	2014
-	City State Zip Code				00.00
	City State Zip Code Neosho MO 64850	,		action ID : c48d81f3-bo	
	Purpose of Expenditure Salary Categor Ty	ry/ pe 001	М		2014
ŀ	Name of Federal Candidate	Support	Office Sough	t: House Dis	strict: 00
	Mr. Mark L Pryor	Oppose	Preside		state: AR
	Calendar Year-To-Date Per Election for Office Sought 160884.72		Disbursemen 2014	t For: Primary ther (specify) ▶	General
	Full Name of Payee Lauren N Hamel			of Public Distribution/Dis	ssemination 2014
	Mailing Address PO Box 398		Amou	nt	
	City State Zip Code	e			52.50
	Neosho MO 64850		Transa Date	ction ID: 313e55a1-4f1 of Disbursement or Obli	2-466e-b gation
	Purpose of Expenditure Mileage Categor Typ	ry/ rpe 002		10 / 11 /	2014
	Name of Federal Candidate	Support	Office Sough	t: House Dis	strict: 00
	Mr. Mark L Pryor	Oppose	Preside		State: AR
	Calendar Year-To-Date Per Election for Office Sought 16088	4.72	Disbursemen 2014 O	t For: Primary ther (specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures		>	7 7	142.50
((b) SUBTOTAL of Unitemized Independent Expenditures		-		1 1
((c) TOTAL Independent Expenditures		··· • [4	1 754
W	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed	d] Date	te 10	13 2014	· Y
	Signature				_

Sch	nedule E)		II OI LO				PAGE 67 OF 80 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New rep	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee Timothy Foley				Da	M M	c Distribution/Dissemination
ı	Mailing Address 20679 Glenbrook Terrace				Ar	10 nount	11 2014
	City State		Zip Code		— Г		15.00
	Sterling VA		20165				ID: b0be8260-2787-46a3-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	11 2014
1	Name of Federal Candidate			Support	Office So	ught:	House District:00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	160884.72		Disburser 2014	ment For: Other (sp	Primary
	Full Name of Payee Timothy D Heitman Mailing Address 2520 Helmstetler Rd					nate of Publi	ic Distribution/Dissemination
	City State		Zip Code				80.00
	Lexington NC		27295				D: 998455db-f8f2-4602-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	11 2014
	Name of Federal Candidate			Support	Office Sc	ught:	House District:00
	Ms. Kay Hagan		X	Oppose	Pre	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		998796.12	2	Disburser 2014	ment For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures						95.00
(b	o) SUBTOTAL of Unitemized Independent Expenditures				· •		
(c	c) TOTAL Independent Expenditures				•	7	
wi	nder penalty of perjury I certify that the independent expetith, or at the request or suggestion of, any candidate or active committee) any political party committee or its agent.						
		[Electron	ically Filed]	Date	M M M	/ 13	2014
	Signature						

Sch	nedule E)			- +	PAGE 68 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C00530766
Chec	ck if 24-hour report X 48-hour report New report Amer	ends repo	rt filed on	= M /	D = D / Y = Y = Y
_					
F	Full Name of Payee Timothy D Heitman			of Public	Distribution/Dissemination 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Mailing Address 2520 Helmstetler Rd		Amou	nt	
	City State Zip Code				12.60
	Lexington NC 27295				D: 235b4de9-3d66-42d5-b rsement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002		10 /	11 / 2014
1	Name of Federal Candidate Su	upport	Office Sough	t:	House District: 00
	Ms. Kay Hagan Op	ppose	Preside	ent >	
	Calendar Year-To-Date Per Election for Office Sought 998796.12		Disbursemen 2014 O	t For: ther (spe	Primary
Г	Full Name of Payee		Date	of Public	Distribution/Dissemination
-	Evelyn Lesaicherre		TV	10 /	11 2014
Ī	Mailing Address 629 Radiance Ave			.0	23.1
			Amou	nt	
	City State Zip Code				80.00
	Metairie LA 70001		Transa Date	ction ID of Disbu	: 5387a377-f2e0-4464-a rsement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	N.	10 /	11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Su	upport	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu O	ppose	Preside	ent >	
	Calendar Year-To-Date Per Election for Office Sought 179908.37		Disbursemen 2014	t For: ther (spe	Primary X General ecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	7	92.60
(b	substotal of Unitemized Independent Expenditures		•	-	
(0	c) TOTAL Independent Expenditures		•	-	7
wi	nder penalty of perjury I certify that the independent expenditures reported here ith, or at the request or suggestion of, any candidate or authorized committee or arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date	10	13	2014
	Signature				

Schedule E)		INT EXI END			PAGE 69 OF 80 FOR SE OF FORM 24/48	
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC C c00530766						
				IV	M / D D / Y Y Y	
Check if 24-hour re	port X 48-hour report	New rep	ort Amends repo	ort filed on		
Full Name of Payee Evelyn Lesaic	cherre				of Public Distribution/Dissemination	
Mailing Address 629					10 11 2014	
023	radiance Ave			Amou	nt	
City		State	Zip Code		3.60	
Metairie		LA	70001		action ID: 5e8969b7-7dd9-49ae-b of Disbursement or Obligation	
Purpose of Expendit Mileage	ure		Category/ Type 002		10 11 / 2014	
Name of Federal Ca	ndidate		Support	Office Sough	t: House District: 00	
Ms. Mary L Landrieu			X Oppose	Presid	ent Senate State: LA	
Calendar Year-T Per Election for		,	179908.37	Disbursemer 2014	t For:	
Full Name of Payee				Date	of Public Distribution/Dissemination	
Phillip Williams	5			Г	10 11 2014	
Mailing Address 3	007 Darden Rd			Amou		
				Amou	int	
City		State	Zip Code		92.50	
Greensboro		NC	27407	Transa Date	action ID: 897b90fe-8bfa-49a7-8 of Disbursement or Obligation	
Purpose of Expendit Salary	rure		Category/ Type 001		10 / 11 / 2014	
Name of Federal Ca	ndidate		Support	Office Sough	nt: House District: 00	
Ms. Kay Hagan			Oppose	Presid	ent Senate State: NC	
Calendar Year-T Per Election for			998796.12	Disbursemer 2014	nt For:	
•						
(a) SUBTOTAL of Ite	mized Independent Expendi	tures		· •	96.10	
(b) SUBTOTAL of Ur	nitemized Independent Expe	nditures		· •	7 1 7 1 7	
(c) TOTAL Independe	ent Expenditures				171171171	
with, or at the reques		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political	
	y Buchanan	[Electron	ically Filed] Date	10	13 2014	
Signature						

Schedule E)	/LIVI L/XI LIX	1101120		PAGE 70 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Phillip Williams			10	11 2014
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		15.60
Greensboro	NC	27407		n ID: e5239b4c-ea45-4842-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 N	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	998796.12	Disbursement For: 2014 Other (s	Primary X General
Full Name of Payee Beverly Williams				olic Distribution/Dissemination
			10	11 2014
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		92.50
Greensboro	NC	27407	Transaction Date of Dis	ID: 2d2cfddb-b933-488c-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			108.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	10 13	2014
Signature		_		

Scł	nedule E)			PAGE 71 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
OI	V 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M M /	D D / Y Y Y Y
_	ck if 24-hour report X 48-hour report New rep	port Amends repo	rt filed on	
ı	Full Name of Payee Mattie Harris		Date of Public	Distribution/Dissemination
	Mailing Address 3654 Tara St		Amount	
-	City State	Zip Code		60.00
	springdale AR	72762		D: ce96b4a9-df99-4611-b ursement or Obligation
١	Purpose of Expenditure Salary	Category/ Type 001	10	11 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	160884.72	Disbursement For: 2014 Other (sp	Primary
Γ	Full Name of Payee		Date of Public	c Distribution/Dissemination
	Mattie Harris		10 N	11 2014
ŀ	Mailing Address 3654 Tara St			2011
			Amount	
ŀ	City State	Zip Code		36.00
	springdale AR	72762	Transaction II Date of Disbu	D: 39291dab-f098-415b-9 ursement or Obligation
١	Purpose of Expenditure Mileage	Category/ Type 002	10	11 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	160884.72	Disbursement For: 2014 Other (sp	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures)	96.00
(l	SUBTOTAL of Unitemized Independent Expenditures		•	1 4 1 4
(0	c) TOTAL Independent Expenditures		•	7
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	10 / 13	2014
	Signature			

ooneddie E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Trevor D Hageman	10 / 11 / 2014
Mailing Address 5521 Randolph St	mount
City State Zip Code	30.00
Marrero LA 70072 Tr.	ransaction ID: e11a3089-2f7e-4b84-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 11 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
Full Name of Payee	Other (specify)
Windy Hageman	ate of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	mount
City State Zip Code	20.00
	ansaction ID: 69e67b5a-1602-4edb-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 11 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	13 2014
Signature	

PAGE 72

OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Windy Hageman	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St.	mount
City State Zip Code	2.40
Marrero LA 70072 Tr	ransaction ID: 685124d6-47b4-4055-9 late of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General
	Other (specify) -
Full Name of Payee Eric Resinos	Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd	10 11 2014 Amount
City State Zip Code	90.00
Alma AR 72921 Tra	ansaction ID: 8ab27b69-afb3-4083-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	13 2014
Signature	التنتا لتا ا

PAGE 73

OF

Schedule E)	DEITI EXI EITD	TIONES	PAGE 74 FOR SE OF FOI	OF 80 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION I	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on	Y Y Y
Full Name of Payee			Date of Public Distribution/Diss	emination
Eric Resinos			10 / D D / Y	2014
Mailing Address 1430 Sunnyside Rd			Amount	
City	State	Zip Code		54.87
Alma	AR	72921	Transaction ID: 75c9f15d-497 Date of Disbursement or Obliga	
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distr	rict:00
Mr. Mark L Pryor		X Oppose		ate: AR
Calendar Year-To-Date Per Election for Office Sought		160884.72	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee	_		Date of Public Distribution/Diss	emination
Miranda A Resinos			10 / 11 / Y	2014
Mailing Address 1430 Sunnyside Rd			Amount	
City	State	Zip Code		90.00
Alma	AR	72921	Transaction ID : 57977222-b56 Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001	10 / 11 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Mr. Mark L Pryor		X Oppose		ate: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	160884.72	Disbursement For: Primary 2014 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			144.87
			7 7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	-
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 2014	Y
•				

Schedule E)	L/ (: L (: L)	101.20		PAGE 75 OF 80 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Barbara A Williams			M	
Mailing Address 3002 Darden Rd			10	11 2014
Apt A				
'	State NC	Zip Code 27407	Transac	87.50 tion ID : ff34da7e-ae13-4f5a-8
Purpose of Expenditure		Category/		Disbursement or Obligation
Salary		Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	9	98796.12	Disbursement F 2014 Othe	for: Primary
Full Name of Payee ERIC TABARY			Date of	Public Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	
	<u> </u>	0 L		70.00
1 '	State LA	Zip Code 70003	Transacti Date of	70.00 ion ID : 166597c8-946c-4931-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement F 2014 Othe	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			.	157.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		13 2014
Signature		_		

Scl	nedule E)	M 1011110.					PAGE 76 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
_	Full Name of Payer					45.00	
	Full Name of Payee Shantal C Culbreath				Date	e of Publi	ic Distribution/Dissemination /
	Mailing Address 4691 Hercules Lane				Amo	ount	
ŀ	City State		Zip Code				70.00
	Woodbridge VA		22193				ID: 5082d54c-600b-46dd-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10 M	11 / 2014
t	Name of Federal Candidate		<u>'</u>	Support	Office Sou	aht:	House District: 00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	179908.37		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	e of Publ	ic Distribution/Dissemination
	Morgan R Padgett					10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 2164 Kay Rd					10	11 2014
	•				Am	ount	
1	City State	e	Zip Code				10.00
	Greenville NC	;	27858		Tran Dat	saction I e of Disb	D : fe331816-37cf-4a1a-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	11 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		998796.12	2	Disbursem 2014	ent For: Other (s	Primary X General
,							
(6	a) SUBTOTAL of Itemized Independent Expenditures				•	7	80.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures				. •		
(0	c) TOTAL Independent Expenditures				•		7.1.5
W	Inder penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M = M 10	13	2014
	Signature		_				

Schedule E)	DEIVI EXI EIVD	ITORES	PAGE 77 OF 80 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Morgan R Padgett			10 11 2014	
Mailing Address 2164 Kay Rd			Amount	
City	State	Zip Code	4.20	
Greenville	NC	27858	Transaction ID: 8b087e13-e2da-4301-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		998796.12	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Kaleigh J Wagner			10 11 2014	
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code	180.00	
Odessa	FL	33556	Transaction ID : e136cda4-7380-415b-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		160884.72	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expe	nditures		184.20	
,			7 7 7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 78 OF 80 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Randy M Gold			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1436 Haigs Creek Dr			Amount	
City	State	Zip Code	180.00	
Elgin	SC	29045	Transaction ID : da4ecf69-d6e0-40a7-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	7	160884.72	Disbursement For: Primary General Qu14 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Randy M Gold			10 11 2014	
Mailing Address 1436 Haigs Creek Dr			Amount	
City	State	Zip Code	141.54	
Elgin	SC	29045	Transaction ID: 468aa722-e712-4996-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		160884.72	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expen	ditures		321.54	
			7 7 7	
(b) SUBTOTAL of Unitermized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Sc	chedule E)	PAGE 79 OF 80 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
٦	Full Name of Payee John P Hilkert	Date of Public Distribution/Dissemination
	Mailing Address 7 Bards Lane	10 11 2014 Amount
	City State Zip Code Fletcher NC 28732	32.50 Transaction ID: a2fe628a-2d47-4937-8 Date of Dischurgement or Obligation
Ì	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 2014	bursement For: Primary General 4 Other (specify) ▶
	Full Name of Payee John P Hilkert	Date of Public Distribution/Dissemination
	Mailing Address 7 Bards Lane	Amount
Ì	City State Zip Code	13.50
	Fletcher NC 28732	Transaction ID : c23e552f-ba29-4236-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014
Ì		ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 201	bursement For: Primary ☐ General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	46.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	10 13 2014
	Signature	

Schedule E)	DENT EXICIO	ITOTILO	PAGE 80 OF 80 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	t filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Carl Brent			10 11 2014	
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code	80.00	
New Orleans	LA	70126	Transaction ID: 8616f1a1-95d9-4b5a-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 11 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Carl Brent			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code	8.10	
New Orleans	LA	70126	Transaction ID : 11eeabfa-45f4-418d-b Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 11 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President State: LA	
Calendar Year-To-Date Per Election for Office Sought		179908.37	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expe	enditures		88.10	
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures)	
(c) TOTAL Independent Expenditures			7105.41	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				